

FILED

Apr 19, 2022

Secretary of State
5814409829CC

DOCUMENT# 844049

Entity Name: CORIZON HEALTH, INC.

Current Principal Place of Business:

205 POWELL PLACE
SUITE 104
BRENTWOOD, TN 37027

Current Mailing Address:

205 POWELL PLACE
SUITE 104
BRENTWOOD, TN 37027 US

FEI Number: 23-2108853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SEC	Title	CEO
Name	KING, J. SCOTT	Name	TIRSCHWELL, SARA
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	CFO	Title	ASST. SECRETARY
Name	SHOLEY, F. JEFFREY	Name	FINGER, JENNIFER
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	ASST. SECRETARY	Title	ASST. SECRETARY
Name	PATEL, MAYA	Name	BARTOLI, TRACY
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	DIRECTOR	Title	CMO
Name	TIRSCHWELL, SARA	Name	LADELE, M.D., AYODEJI
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: F. JEFFREY SHOLEY

CFO

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, VICE CHAIRMAN
Name	GEFNER, DAVID	Name	GOLDBERGER, ABE
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027
Title	DIRECTOR	Title	DIRECTOR
Name	LEFKOWITZ, ISAAC	Name	LEITNER, JAY
Address	205 POWELL PLACE SUITE 104	Address	205 POWELL PLACE SUITE 104
City-State-Zip:	BRENTWOOD TN 37027	City-State-Zip:	BRENTWOOD TN 37027